PROCEDURE FOR APPLICATION FOR APPOINTMENT
AS A VOCATIONAL RETURN TO WORK COUNSELOR
(VRTWC)

What is a Vocational Return to Work Counselor (VRTWC)?

A person or entity capable of assisting a person with a disability with development of a return to work strategy and whose regular duties involve the evaluation, counseling and placement of disabled persons.   (Article 3 of the California Administrative Code, LC §4658.5)

Who can apply or renew their application?

Any person doing business in accordance with labor code section 4658.5 of the State of California and believing that he or she meets the requirements of Title 8, California Code of Regulations §10133.50 (a) (15) provided that they have:

A baccalaureate degree in any field and three or more years full-time experience in conducting vocational evaluations, counseling and placement of disabled adults.

How can I apply?

Complete the enclosed application form and send it together with EVIDENCE OF EXPERERIENCE AND EDUCATION to:

SANDRA LEE CORTES
Area Supervisor - Rehab. Unit
DIVISION OF WORKERS' COMPENSATION
6150 Van Nuys Blvd., Room 215
Van Nuys, Ca. 91401

All applications will be reviewed to determine if education and experience requirements are met. Applications shall be accepted from **individuals only** and not firms**.**

When can I apply or update information?

Applications for appointment to the IVE list will be accepted at any time by the Division of Workers' Compensation. The list will be reviewed and revised as deemed necessary by the Division.

***Address change, firm changes, name changes and requests for removal should be emailed as they occur to:

scortes@dir.ca.gov.

It is the VRTWC's responsibility to update their profile.

How will the list be established?

The Division of Workers' Compensation will establish a list in line with Labor Code §4658.5 and Title 8, California Code of Regulation §10133.50 (a) (15) and §10133.59. The initial list grandfathered individuals from the Independent Evaluator List applicable under former Labor Code §139.5 and §4635 (c), as these individuals meet the above criteria.

(a) The Division of Workers' Compensation shall maintain a list of Vocational Return to Work Counselors (VRTWC).

Who pays for services?

The responsible insurer or self-insured employer, as stated in Title 8, Code of Regulations §10133.56 (h) & 10133.57.

INSTRUCTIONS: Submit completed application with required attachments to:

The Dept. of Industrial Relations,
Division of Workers' Compensation,
6150 Van Nuys Blvd., Room #215.
Van Nuys, CA. 91401
Attn: Sandra Lee Cortes

You may be requested to furnish verification of all entries on this form.

Applicant's Name:

Last	First	Middle

Current Business Address:

City	State	Zip

Firm Name:

Mailing Address

(if different than above)

City	State	Zip

Telephone #:

Email address:

*** IF YOU WOULD LIKE TO APPEAR ON THE LIST AT MORE THAN ONE LOCATION, ATTACH A SEPARATE SHEET WITH THE OFFICE ADDRESSES.

POST SECONDARY EDUCATION

	Name & Address of Institution	Major Courseof Study	Degree	Date Rec'd
Undergraduate				
Graduate:				

****ATTACH EXACT COPIES OF ALL LISTED DEGREES OR PROOF THAT DEGREES WERE CONFERRED.

QUALIFYING EXPERIENCE

List all experience that you claim qualifies you to be appointed as a VRTWC, starting with the most recent experience.

Name & Address of Firm or Facility	Type of Firm or Facility	Description of Position & Duties Performed	Period of Exper- ience (From – To)

List those languages, other than English, in which you are verbally fluent _____

_____

"I understand that my status as a Vocational Return to Work Counselor is predicated upon properly completing the application and providing verification of education and experience as required. I may be removed for cause from the VRTWC list by the Division of Workers' Compensation if I falsify my application or if my actions as a VRTWC in the field of workers' compensation are not in keeping with the statute and regulations. I further attest that all the information provided herein is accurate and true to the best of my knowledge, as evidenced by my signature below."

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Signed by _____ Date _____

City _____ State _____